

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MAR 24 1934

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

33-645-A

1. PLACE OF DEATH

9 County Bollinger
 Township Lorance
 City Lutesville (No. _____)

Registration District No. _____

Primary Registration District No. 510-13

File No. _____

Registered No. _____

St. _____ Ward) _____

2. FULL NAME John Barbero

(a) Residence, No. _____ St. _____ Ward. _____

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred

yrs.

mos.

ds.

How long in U. S., if of foreign birth?

yrs.

mos.

ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>Italian</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Ester Barbero</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Jan, 23 1888.</u>		
7. AGE <u>45</u>	YEARS <u>8</u>	MONTHS <u>18</u>
If LESS than 1 day, _____ hrs. or _____ min.		

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
	10. Date deceased last worked at this occupation (month and year) _____
11. Total time (years) spent in this occupation _____	

12. BIRTHPLACE (CITY OR TOWN) Italy
(STATE OR COUNTRY)13. NAME James Barbero14. BIRTHPLACE (CITY OR TOWN) Italy
(STATE OR COUNTRY)15. MAIDEN NAME Gioletti16. BIRTHPLACE (CITY OR TOWN) Italy
(STATE OR COUNTRY)17. INFORMANT
(ADDRESS)18. BURIAL, CREMATION, OR REMOVAL
PLACE Collinsville DATE Nov 13 3319. UNDERTAKER A. J. Baker
(ADDRESS) Lutesville20. FILED 3/1 J. J. Chandler
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 10. 3322. I HEREBY CERTIFY, That I attended deceased from Nov 6, 1933 to Nov 10, 1933I last saw him alive on Nov 10, 1933 Death is saidto have occurred on the date stated above, at 6-P m.

The principal cause of death and related causes of importance were as follows:

Date of onset

Influenza11 BOther contributory causes of importance: 11 B

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19 _____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?

If so, specify _____

(Signed) J. J. Chandler, M. D.(Address) Lutesville Mo

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COMMUNICATIONS SECTION

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